

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 510 OF 1302  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Republican Party of Florida Federal Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rybka, Lawrence, , ,**

Mailing Address 6614 Riverview Rd

City  
PeninsulaState  
OHZip Code  
44264FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Valmark Financial GroupOccupation (for Individual)  
Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2022

Transaction ID : A70E0CA27FC4E4452878

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dobbins, Jim, , ,**

Mailing Address 3145 17 Mile Dr

City  
Pebble BeachState  
CAZip Code  
93953FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Crestwood Behavioral HealthOccupation (for Individual)  
Healthcare Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2022

Transaction ID : A822463FE595947D3B6B

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Forbes, James, , ,**

Mailing Address 3623 W Shadow Creek Loop

City  
LecantoState  
FLZip Code  
34461FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2022

Transaction ID : AA1C1AFD03B434403AEA

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00